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Label 118, March 2006

Customer Copy
Post Office To Addressee

DELIVERY (POSTAL USE ONLY)

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Mo. Day	AM PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	AM PM	
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Mo. Day	AM PM	

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TO: (PLEASE PRINT) MAIL STOP RCE
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ED 602650602 US	<input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st	\$13.65	

Date Accepted: 3/7/06
Time Accepted: 10:45 AM
Flat Rate: ☐ or **Weight:** 3 lbs. 0 oz.

FROM: (PLEASE PRINT) PLESH J JENKINS, PH.D.
GERMAN OFFICE AND STUDENT
CERAMICER ROAD
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Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM
Flat Rate <input type="checkbox"/> or Weight	Int'l Alpha Country Code
lbs. ozs.	
Postage \$	Return Receipt Fee \$
Insurance Fee \$	
COD Fee \$	
Total Postage & Fees \$	
Acceptance Emp. Initials	

FROM: (PLEASE PRINT) PHONE ()

BOLEAH J. STEUTNIK, PHD, JD
CERAMOPTEC INDUSTRIES, INC.
625 SHAKER ROAD
EAST LONG MEADOW, MA 01028

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EXPRESS MAIL

Mailing Label
Label 11-B, March 2004

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Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature
Mo. Day	
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature
Mo. Day	

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CERAMOPTEC INDUSTRIES
515A SHAKER ROAD
EAST LONGMEADOW, MA 01028



EXPLANATION	AMOUNT
PAT FILING FEES	
BA319A	

53-7054/2113

22659

PAY SIX HUNDRED EIGHTY and NO DOLLARS

CHECK
AMOUNT

DATE	TO THE ORDER OF	DESCRIPTION	CHECK NO.	\$
12/7/05	U.S. PATENT OFFICE		22659	680.00

Banknorth
Massachusetts

370 Main Street
Worcester, MA 01608

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⑈022659⑈ ⑆211370545⑆ 498 43709⑈

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Ser./Reg./Pat. No. 10/640,168 File No. BA319A By BULET J. DULIN, K
Title/Mark NON-POVAL MOLESENSITIZER FORMULATION FOR
In the Matter of the Application of V. ALBRECHT ET AL.

The following, due 12/9/5 in the U.S. Patent & Trademark Office, was received in the Patent & Trademark Office Mail Room on the date stamped hereon:

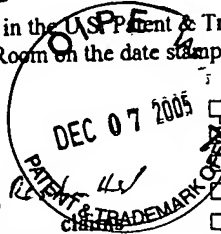
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| <input type="checkbox"/> Affidavit or Declaration | <input type="checkbox"/> Drawings ___ Sheet(s) (Formal) |
| <input checked="" type="checkbox"/> Response to Office Action | <input checked="" type="checkbox"/> Transmittal |
| <input checked="" type="checkbox"/> Extension Request | <input type="checkbox"/> Maintenance Fee |
| <input checked="" type="checkbox"/> Application for Patent Including <u>Resub 41</u> | <input type="checkbox"/> Certificate of Mailing (Express) |
| ___ Pages Specification ___ claims | <input type="checkbox"/> Notice of Appeal |
| <input type="checkbox"/> Declaration or <input type="checkbox"/> Oath <input checked="" type="checkbox"/> Abstract | <input type="checkbox"/> Petition |
| Application for Registration/Renewal Including | <input type="checkbox"/> Power of Attorney |
| Specimens/Facsimiles | <input type="checkbox"/> Information Disclosure Statement |
| <input type="checkbox"/> Assignment | <input type="checkbox"/> Priority Document |
| <input type="checkbox"/> Brief | <input type="checkbox"/> _____ |
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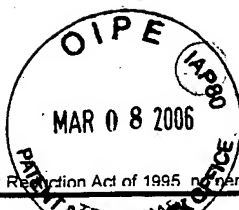
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| <input checked="" type="checkbox"/> Application for Patent Including <u>Resub 41</u> | <input type="checkbox"/> Certificate of Mailing (Express) |
| ___ Pages Specification ___ claims | <input type="checkbox"/> Notice of Appeal |
| <input type="checkbox"/> Declaration or <input type="checkbox"/> Oath <input checked="" type="checkbox"/> Abstract | <input type="checkbox"/> Petition |
| Application for Registration/Renewal Including | <input type="checkbox"/> Power of Attorney |
| Specimens/Facsimiles | <input type="checkbox"/> Information Disclosure Statement |
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| <input type="checkbox"/> Brief | <input type="checkbox"/> _____ |
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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 680.00

Complete if Known

Application Number	10/648,168
Filing Date	8/26/2003
First Named Inventor	V. Albrecht
Examiner Name	Kishore, G.
Art Unit	1615
Attorney Docket No.	BJA319A

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☒ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): RCE Application, 395.00 and Extension of Time, \$285.00

Fees Paid (\$)

680.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 36,347	Telephone 413-535-8222
Name (Print/Type)	Bolesh J. Skutnik, Ph.D., JD	Date December 7, 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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